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## \*BIBDATASHEET\*

CONFIRMATION NO. 1852

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/523,421	<b>FILING OR 371(c) DATE</b> 07/28/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> PA/4-32604A	
<b>APPLICANTS</b> Moise Azria, Basel, SWITZERLAND; Simon David Bateman, Randolph, NJ; James F. McLeod, Morristown, NJ;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/08498 07/31/2003					
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 60400139 08/01/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 01095					
<b>TITLE</b> Oral administration of calcitonin					
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		